

Mental Health Series

Dangerousness in the Home – Violence Against Women

By Judy Regan, MD, MBA; John W. Simpson, EdD; Gwen Hamer, MA, CPC; and Arvis Wright, BS, CPS

INTRODUCTION

Domestic violence is defined as "...intentionally violent or controlling behavior of a currently or previously intimate partner of the victim. The goal of the violence is to coerce, assert power, and maintain control over the victim."¹ Domestic violence is seen in many cultures. In the United States, domestic violence is a public health problem with mental as well as physical health consequences. In general, women have been the primary victims of domestic abuse. An estimated 8% to 17% of women are victims annually in the United States.²

MENTAL HEALTH AND DOMESTIC VIOLENCE

Domestic violence, particularly against women, gained considerable attention in the 1990s and led to the passage of legislation granting funds to prevent such violence and to research trends and patterns of violence against women.^{3,4} Previously, help and support for those who were affected by domestic violence were provided by non-governmental, voluntary support groups. Recently facilities to shelter individuals who have been battered and physically harmed by 'intimate partners,' as well as rape crisis centers, have been developed and funded by varying levels of government.⁵

In 1994, the Violence Against Women Act (VAWA), enacted as Title IV of the Violent Crime Control and Law Enforcement Act (P.L. 103-322), became law. On October 28, 2000, the VAWA was reauthorized, with the signature of President Clinton (Division B of the Victims of Trafficking and Violence Protection Act, P.L. 106-385), extending funding and programs

through fiscal year 2005.⁴ The VAWA of 1994 initially focused on a consistent means and process for dealing with violence against women in the judicial system. Also, a provision of the 1994 VAWA directed the Attorney General to study and evaluate the manner in which states have protected the confidentiality of communications between sexual assault or domestic violence victims and their counselors.⁶

In 1995, the American Medical Association funded a program that set out to establish diagnostic treatment and guidelines on the mental health affects of family violence. In that report, family violence was considered as inappropriate and damaging interpersonal harm among intimates, regardless of the actual legal or biological relationship of those involved. Such harm included child physical abuse and neglect, child sexual abuse, domestic (partner) abuse, and elder mistreatment (abuse, neglect, and exploitation).^{3,7}

In Tennessee, Domestic Violence Services, founded in the 1980s, began to assist victims by providing services such as 24-hour hotline, crisis intervention, short-term counseling, shelter, information/referrals, advocacy, support groups and community education.⁸ In the 1990s, Tennessee statutorily defined domestic abuse as "inflicting or attempting to inflict physical injury on an adult or minor by other than accidental means, placing an adult or minor in fear of physical harm, physical restraint, or malicious damage to the personal property of the abused party"⁹ Currently under Tennessee law, a person may file a petition alleging the above domestic abuse and possibly receive an

order of protection. An order of protection prohibits abusing or threatening to abuse, telephoning, contacting or communicating directly or indirectly, or stalking. The order may also require the receiver to attend counseling programs.¹⁰ Even without an order of protection, an individual can seek the services of the police department for protection.

Formerly thought of as primarily a criminal justice, social service, or even simply a purely private matter, domestic violence is now viewed as a significant public health issue that demands the attention of the medical community. Although there are many biological and psychosocial factors that may trigger mental health illnesses, the issues surrounding violence against women result in these victims displaying symptoms that are not easily and readily tied with the violence they have experienced.^{3,7}

Over time, emotional abuse can lead to feelings of worthlessness and shame. Mental illnesses such as addiction, depression, anxiety, post-traumatic stress disorder and eating disorders are often associated with abuse.¹ Thus, mental health interventions are important for victims and their batterers. Counseling and peer support groups are often required as well as treatment of the accompanying mental illness.²

CONCLUSION

Legislation over the last decade has led to an increased public awareness of domestic violence against women, and more recently children and the elderly. Many times medical and legal system personnel are the frontline contacts for domestic violence. Mental health

intervention is often necessary and continued training of professionals is needed. Screening for violence should be a normal part of every psychiatric and general medical assessment. The doctor who determines that abuse has occurred should document it clearly, and make appropriate referrals when needed.¹ There needs to be further development and evaluation of prevention programs that will safeguard against future domestic violence and eliminate the patterns of abuse whether physical, sexual, or psychological. Identifying domestic victims or perpetrators is not limited to race, religion, gender or socioeconomic status, but more by its clinical symptoms.² ■

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